

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. 1983**

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

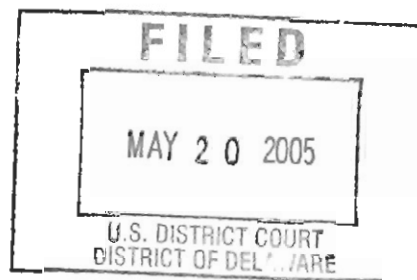
05 cv 305

Tyoni L. Menden  
(Enter above the full name of the plaintiff in this action)

V.

Delaware State  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Enter above the full name of the defendant(s) in this action)



I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?

YES ☒

NO ☐

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs AS FAR AS YOU KNOW IT ALL VERY WELL DETACHED

Defendants \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district, if state court, name the county)

3. Docket Number

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit AS ALL OF YOU KNOW IT ALL VERY WELL DECORATED

7. Approximate date of disposition

II. A. Is there a prisoner grievance procedure in this institution? YES ☒ NO [ ]

B. Did you present the facts relating to your complaint in the state prisoner Grievance procedure: YES ☒ NO [ ]

C. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW IT ALL

2. What was the result? MORE WORST ALL OF THE ABUSES TOWARDS MYSELF

D. If your answer is NO, explain why not

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES ☒ NO [ ]

F. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW IT ALL VERY WELL DECORATED

2. What was the result? MORE WORST AS ALL OF YOU KNOW IT

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff JUDN L. MENDEZ  
Address DELAWARE CORR CENTER, #11 PADDock ROAD SMITHLAND DELAWARE 19977

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions and place of employment of any additional defendants.)

B. Defendant \_\_\_\_\_ is employed as \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_

C. Additional Defendants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments. Or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

FOR HURT MY BROKEN AND BRACED LEGS AND FOR ALL OF THE PHYSICAL, VERBAL,  
EMOTIONAL, PSYCHOLOGICAL AND IN MANY OTHER WAYS ABUSE AND DISCRIMINATION  
THAT I HAVE BEEN VICTIM OF WHILE IM UNDER US CUSTODY

V  
11/14

## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.)

JUSTICE AND RESTITUTION FOR KEEP ME ON HIS CUSTODY AFTER HAVING RECEIVED EVIDENCE OF MY INNOCENCE  
RIGHT AFTER MY SECOND ATTEMPT TO SUICIDE AND WHILE WORKING ON MY APPEAL AND RESTITUTION TOO FOR  
ALL OF THE MANY MANY PHYSICAL, VERBAL, EMOTIONAL, PSYCHOLOGICAL AND IN MANY OTHER WAYS ABUSES AND  
DISSEMINATION THAT I HAVE BEEN VICTIM OF AND NOW THAT AGAIN SOME OF THEM NOT CAUGHT ON THE VIDEO  
CAMERAS TAPE RECORDED WHERE YOU CAN SEE IT ALL AND HEAR EVERY SINGLE WORD

Signed this eighteen day of May, 2005

IVON H. MENDER

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

05/18/05

Date

IVON H. MENDER

(Signature of Plaintiff)



1/M TUDAL M. MENDEZ

UNITED STATES  
DELAWARE CORRECTIONAL CENTER

DELAWARE  
19850

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2005

WILMINGTON DE 19850

UNITED STATES DISTRICT COURT

844 N. KING ST. LOCKBOX 18

WILMINGTON DELAWARE

19901 - 3570

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